MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1. PLACE OF DEATH	191 35287
	strict No.
	ation District No. Registered No.
No TO G	St. Word)
2. FULL NAME Juganh Noch	Le ·
(a) Besidenco. No.	St. / Q Ward.
(Usual place of abode) .	(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs.	mes. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED DIVERTED (write the word) Male Prest. Single, Married, WiDowed Diverted (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR)
5a. IF MARRIED, WIDOWED, OR DIVORCED	I HEREBY CERTIFY, That I attended deceased from May 8
HUSBAND OF (OR) WIFE OF	that I last saw holocase alive on NATA 9 19.29 and the
	death occurred, on the date stated above, at 10. 30 A.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) OF 8-192	
7. AGE YEARS MONTHS DAYS If LESS than	
day,	Months Miscarriage
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or horse	(duration) yrs. mos. da
particular kind of work (b) General nature of industry.	CONTRIBUTORY
business, or establishment in	(SECONDARY)
which employed (or employer)	(duration)
(c) Name of employer	18. Where was disease contracted
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATH?
(STATE OR COUNTRY)	DID AN OPERATION PRECEDE GEATHY. DATE OF DATE
10. NAME OF FATHERSenand Kaebbe	
	WAS THERE AN AUTOPSY
11. BIRTHPLACE OF FATHER (CITY OF TOWN)	What test confirmed discussis
11. BIRTHPLACE OF FATHER (CITY OF TOWN)	(Signed) A COUCH CO. M. I
12 MAIDEN NAME OF MOTHER Karathe Vice	, 19 (Address) 831 A.
13. BIRTHPLACE OF MOTHER (CITY OF CORN)	*State the Dispass Causing Drate, or in deaths from Violent Causes, state
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJUST, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (See reverse side for additional space.)
14. Bound Strelle	19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL
INFORMANT JAMANA STANSF	
(Address) 28/6 3 3 9 th St.	Stan Vant Center Nor10 192
15 MIN TO 1920 May & Stark lof	20 UNDERTAKER ADDRESS
Third is	Melsen J & H Co Soft Mena

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occ-

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect. Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Tyr hoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant noeplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, pheblitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.